21839

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BURNS DOANE SWECKER & MATHIS L

01/11/2005

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## PART B. FEE(S) TRANSMITTAL

No.	1854	Ρ.	

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Certificate of Mailing or Transmission

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Complete and send this form, together wit.	plicable fee(s), to: Mail	Mail Stop ISSU: LE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450					
	or <u>Fax</u>	(703) 746-4000					
INSTRUCTIONS: This form should be used for transmappropriate. All further correspondence including the Pat	itting the ISSUE FEE and PUBLIC	CATION FEE (if required), Blocks I through of maintenance focs will be mailed to the					

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. maintenance fee notifications.

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ALEXANDRIA; t	and (Reg # 5195	(2)		transmitted to the US	il Stop ISSUE FBE address PTO (703) 746-4000, on the c	-above, or being factimile late indicated below.
Tenma Cor	tiovascular Sys	tems	<b>)</b>	at Daphne Po		(Depositor's name)
6200 Jacks			TRADE	Town Town	<del></del>	(Signature)
Ann Arbor, M U.S.A.	1 48103			April 6,2	200	(Date)
APPLICATION NO.	FILING DATE		PIRST NAMEI	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/030,989	02/26/1998	. 1	RICHARD A.	NAZARIAN	28724/34520	8085
TITLE OF INVENTION: &	EDICAL PERFUSION SYS	tem Adap	ter Pad	l for Use in Medi	ical Perfusion Su	gsten
APPLN. TYPE	SMALL ENTITY	ISSUB F	BE .	PUBLICATION PEB	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	0	\$300	\$1700	04/11/2005
EXAM	INER	ART UN	IT .	CLASS-SUBCLASS	]	
ZIMMERMA	in, brian a	2635	i	340-825060	•	
CFR 1.363).  Change of correspond Address form PTO/SB/1:  "Fee Address" indicated PTO/SB/47; Rev 03-02  Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN.  Terumo Cardio  Please check the appropriate  4a. The following fee(s) are	EE  OVASCULAY System  assignee category or categor enclosed:  mall entity discount permitte	Correspondence tion form of a Customer E PRINTED ON 1 clow, no assignce of this form is NO  (E)  (E)  (E)  (E)  (E)  (E)  (E)  (E	(1) the nar or agents (2) the nar registered 2 registere listed, no representation of the part of the	sar on the patent. If an assign for filing an assignment  E: (CITY and STATE OR CO  bor, Michigan  atent): Dindividual 200	a member a 2	00000026 09030989  1400.00 ( 300.00 (  outp entity Government  credit any overpayment, to
	(from status indicated above MALL ENTITY status, Sec.		b. Applica	ant is no longer claiming SMA	LL ENTITY status, See 37 C	FR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu ublication Fee (if required) words of the United States Pate	e Fee and Publics rill not be accepted nt and Trademark	tion Fee (if an 1 from anyone Office,	y) or to re-apply any previous other than the applicant; a reg	ly paid issue fee to the application istered attorney or agent, or the	tion identified above, ne assignee or other party in
Authorized Signature	orbo-		>	Date	PRIL 6, 2005	
Typed or grinted name	GRE'L DIANE	LINDLAN	0	Registration	No. 51,952	
an application. Confidentials submitting the completed ap this form and/or suggestions	ty is governed by 35 U.S.C. plication form to the USPT for reducing this burden, shinia 22313-1450. DO NOT 5	122 and 37 CFR.  D. Time will vary  ould be sent to the	depending up Chief Inform	o obtain or retain a benefit by lection is estimated to take 12 on the individual case. Any cu ation Officer, U.S. Patent and FORMS TO THIS ADDRES:	minutes to complete, includir omments on the amount of the Trademark Office, U.S. Dep	ng gathering, preparing, and me you require to complete artment of Commerce, P.O.

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